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## *Facsimile Transmittal*

**DATE:** December 22, 2003

**TO:** Examiner David C. Mis  
USPTO

**FAX :** 703-872-9318

**RE:** Application No: 10/020,067  
Filed: December 10, 2001

**FROM:** George C. Pappas

**PHONE:** (858)651-1306  
**FAX** (858)658-2502

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**Attached hereto:** Amendment Transmittal ( 1) pages; Preliminary  
Amendment (7) pages.

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Darla D. Kasmede

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(Signature)

December 22, 2003

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## QUALCOMM®

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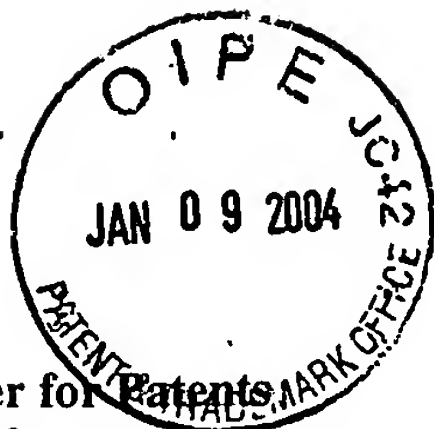
Darla G. Kazmeda

(Name of the Person Making Deposit)

(Signature)

December 22, 2003

(Date of Signature)

**AMENDMENT TRANSMITTAL FORM**
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

 Customer No.: 23696  
 Attorney Docket No.: 010073U2  
 In Re Application of: Paul Peterzell, et al.  
 Serial Number: 10/020,067  
 Filed: December 22, 2003  
 Examiner: David V. Mis  
 Group Art Unit: 2817

Dear Sir:

Transmitted herewith for filing is a **Preliminary Amendment** in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	52	52		x \$18 =	\$0
Independent**	6	6	0	x \$86 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$
EXTENSION FEES  <input type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months				\$110	\$
				\$420	\$
				\$950	\$
TERMINAL DISCLAIMER				\$110	\$
				<b>TOTAL FEE</b>	<b>\$0</b>

\*If the number in column a is less than 20, enter 0 in column c.  
 \*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.  
 The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 12/22/03

Signature: \_\_\_\_\_

 George C. Pappas, Reg. No. 35,065  
 858-651-1306

 QUALCOMM Incorporated  
 Attn: Patent Department  
 5775 Morehouse Drive  
 San Diego, California 92121-1714  
 Telephone: (858) 658-5787  
 Facsimile: (858) 658-2502
**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

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Date: 12/22/03**FACSIMILE**

- ☒
- transmitted by facsimile to the Patent and Trademark Office.

 Depositor's Name: Darla D. Kasmedo  
 (type or print name)

Signature: \_\_\_\_\_

STAMP HEREON ACKNOWLEDGES RECEIPT OF THE FOLLOWING IN  
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Amendment Postcard

Date Mailed September 30, 2003

DOCKET NO. 010073U2-a1

Atty: GCP/THB

ENCLOSED ARE:

- |  |  |
|--|--|
| <input type="checkbox"/> Transmittal Letter (in duplicate)                 | <input type="checkbox"/> Preliminary Amendment in _____ page(s)    |
| <input checked="" type="checkbox"/> Response to Office Action in 3 page(s) | <input type="checkbox"/> Self Addressed Return Postcard            |
| <input type="checkbox"/> Terminal Disclaimer                               | <input checked="" type="checkbox"/> RCE Transmittal (in duplicate) |
| <input type="checkbox"/> sheet(s) of Informal Drawings                     | <input type="checkbox"/> Form PTO-1449 with _____ reference(s)     |
| <input type="checkbox"/> sheet(s) of Formal Drawings                       | <input type="checkbox"/> Restriction Requirement                   |
| <input type="checkbox"/>   | <input type="checkbox"/> Amendment after Final                     |

APPLICANT: Paul Peterzell, et al.

ASSIGNEE: QUALCOMM, INC.

SERIAL NO.: 10/020,067

FILED: December 10, 2001

FOR: LOCAL OSCILLATOR LEAKAGE CONTROL IN DIRECT CONVERSION...

